



# Idaho Limited Liability Company Annual Report Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

Due no later than: 10/31/2019

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

**Annual Report: No filing fee if received by the due date.**

SOS Control Number: 64706

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 10/29/2001

Formation Locale: ID

**Name and Mailing Address:**

CHALLIS RANCH LLC

626 PIVA LN

CHALLIS, ID 83226-4773

(1) Add or Change Mailing Address:

**Registered Agent (RA) and Registered Office (RO) Address:**

JOE A PIVA

626 PIVA LN

CHALLIS, ID 83226

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

| Manager/Member   | Name          | Business Address | City, State, Zip |
|--|---------------|------------------|------------------|
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Joe A. Piva   | 626 Piva Lane    | Challis Id 83226 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Linda L. Piva | 626 Piva Lane    | Challis Id 83226 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |               |                  |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |               |                  |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |               |                  |                  |
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| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |               |                  |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |               |                  |                  |

(5) Signature:

*Linda L. Piva*

(6) Date:

*Nov-4-2019*

(7) Type/Print Name:

*Linda L. Piva*

(8) Title:

*Member -*

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0357-6466 11/08/2019 9:32 AM Received by ID Secretary of State Lawrence Denney